

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003363

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: TREASURE COAST CHAPTER OF LMCI, INC

## Current Principal Place of Business:

995 HICKORY TRAIL  
WELLINGTON, FL 334145649

## New Principal Place of Business:

885 HICKORY TRAIL  
WELLINGTON, FL 334586900

## Current Mailing Address:

995 HICKORY TRAIL  
WELLINGTON, FL 334145649

## New Mailing Address:

995 HICKORY TEAL  
WELLINGTON, FL 334145649

FEI Number: 75-3161826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VATTLAT, JOHN  
995 HICKORY TRAIL  
WELLINGTON, FL 334145649 US

## Name and Address of New Registered Agent:

VATTIAT, JOHN  
995 HICKORY TRAIL  
WELLINGTON, FL 334145649 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN VATTIAT

01/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: VATTIAT, JOHN  
Address: 995 HICKORY TRAIL  
City-St-Zip: WELLINGTON, FL 334145649

Title: SD ( ) Delete  
Name: FAHSEL, MICHAEL  
Address: 1017 S.W. DILIDO LANE  
City-St-Zip: PORT ST. LUCIE, FL 33593

Title: D ( ) Delete  
Name: JOY, GLYN  
Address: 995 HICKORY TRAIL  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: JOY, GLYN A  
Address: 8711 TALLEY HO LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD (X) Change ( ) Addition  
Name: MAC GILLIVRAY, ROBERT B.  
Address: 8325 SE WREN AVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Change ( ) Addition  
Name: CASTELLI, MARIO  
Address: 10235 SERENE MEADOEW DR  
City-St-Zip: NORTH BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLYN A JOY

PT

01/24/2009

Electronic Signature of Signing Officer or Director

Date